

MSFC CONTRACTOR ACCIDENT AND SAFETY STATISTICS

National Aeronautics and
Space Administration



For: Month/Year	Report Period::				Contract Name/Acronym:	
Date:	Supported Directorate:				NASA Contract No.:	
NOTE: See instructions for completing this form on page 2.						
GENERAL INFORMATION	Name		NAICS Code		Direct Labor Hours Worked This Month	
Prime Contractor						
Subcontractor 1						
Subcontractor 2						
Subcontractor 3						
Subcontractor 4						
Total						
OCCUPATIONAL INJURIES/ILLNESSES	Onsite				Offsite	
	MSFC	MAF	MSFC	MAF		
Number of Supervisors						
Number of Employees						
Manhours worked this month						
Lost Workday Cases w/days away	Total No. of cases		Total No. of Days Away		Total No. of cases	Total No. Of Day Away
Lost Workday Cases w/restricted duty	Total No. of cases		Total No. of Restricted Days		Total No. of Cases	Total No. of Restricted Days
Medical Treatment/First Aid Cases (No Lost Workdays)	Total No. of Medical Treatment Cases		Total No. of First Aid Cases		Total No. of Medical Treatment Cases	Total No. of First Aid Cases
Number of Close Calls reported with potential for personnel injury.						
EQUIPMENT & PROPERTY	Onsite				Offsite	
	MSFC	MAF	MSFC	MAF		
	Number		Cost \$		Number	Cost \$
Type A (>\$2m)						
Type B (\$500k to \$2m)						
Type C (\$50k to \$500k)						
Type D (\$1k to \$50k)						
Number of Close Calls reported with potential property damage <\$1k.						
Safety, Health and Environmental(SHE) Training	Onsite				Offsite	
	MSFC		MAF			
	Up-to-date with SHE Required Training					
Number of Supervisors						
Number of Employees						

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Instructions for Completing MSFC Form 4371

HEADER MATERIAL:

Month and Year – The month and year of this report.

Report Period – The fiscal year in which this report is included (example – Fiscal year 2012).

Contract Name/Acronym – The name or acronym of the contract for which this data is being prepared.

NASA Contract Number – The NASA contract number of the prime contractor for which this data is being prepared.

Supported Directorate – The MSFC directorate or office for which the goods or services of the contract are being provided (NOT the contracting officer).

Date – Date this report was prepared.

GENERAL INFORMATION:

Name of Prime and Subcontractor 1, 2, Etc., – The name of the Prime contractor and each subcontractor shall be listed. List all subcontractors with annual subcontract value of \$500,000 or more for contract year or contribute 20% or more of the direct labor hours on the contract. For subcontracts with annual value less than \$500,000 and which contribute less than 20% of the direct labor hours of this contract and subcontractors that do not work on Prime contractor or NASA controlled property and do not pose a NASA property Lose Risk need not be listed.

NAICS Code – The Industry Group number (according to the North American Industrial Classification System, 1987, Office of Management and Budget) which best describes the work done by the listed prime and subcontractor. This may vary between contractors.

Direct Labor Hours Worked This Month – By each listed prime and each subcontractor; enter hours worked by all unlisted contractors in last line.

Occupational Injuries/Illnesses – To include complete data, not just that from the contractors listed in GENERAL INFORMATION.

Onsite/Offsite – These columns refer to data arising from activities performed in support of a NASA contract. The contract activities can be performed either on or off NASA-owned or controlled property.

Offsite: Work is physically located at a facility or on property that is not owned or controlled by MSFC. This is normally considered as a contractor-owned facility or property or another NASA Center.

Onsite: Work is physically located at MSFC, MAF, or on property that is owned or controlled by MSFC. Example: Space leased by MSFC or MAF in their geographical area [National Space Science & Technology Center (NSSTC), Intergraph Buildings].

Number Of Employees – The number of different employees on payroll who are doing work on this contract. The Government may have required the contract to submit each month a personnel strength report; the contractor may attach a copy of its personnel strength report instead of completing this line.

Manhours Worked – Total direct labor hours worked as reported to the Government in financial reports (e.g. MSFC Form 4371 this information is used to calculate INCIDENCE RATES).

Close Call – An event in which there is no injury or only minor injury requiring first aid and/or no equipment/property damage or minor equipment/property damage (less than \$1,000), which possesses a potential to cause a mishap.

Lost Workday Cases With Days Away (LWDA) – The number of cases during this report period of fatality or injury resulting in a lost time with days away from work or resulting in both days away from work and restricted workdays. Each injury in a given mishap is considered separate case. “Lost workday case with days away” Includes time away from work in order to recuperate from a work-related injury. In general, this does not include time taken to obtain first aid, medical treatment, or diagnostic evaluations of an injury.

Lost Workday Cases With Restricted Duty (LWRD) – The number of cases during this report period of injury resulting in a lost time with restricted workdays. Each Injury in a given mishap is considered a separate case. “Lost workday case with restricted work days” occurs when the employee is physically or mentally unable to perform all or any part of his or her normal assignment during all or any part of the workday or shift. In general, this does not include time taken to obtain first aid, medical treatment, or diagnostic evaluations of an injury.

Medical Treatment Cases – The number of cases during this report period. (No Lost Workdays) – NASA follows OSHA guidelines for defining medical treatment. Please refer to “Record-keeping Guidelines for Occupational Injuries and Illnesses,” U.S. Department of Labor; or NPR 8621.1, “NASA Procedural Requirements for Mishaps and Close Call Reporting, Investigating, and Recordkeeping.”

First Aid Cases – The number of cases during this report period. Self-explanatory.

TOTAL DAYS AWAY – Total days absent from work to recover from an injury. Does not include day of injury or restricted duty workdays.

Total Restricted Workdays – Total days an employee was unable to perform all or any part of his or her “normal” assignments, total days an employee was assigned to a temporary assignment, or total days the employee was unable to work full-time due to the injury or illness. (Each partial day of work is counted as one day of restricted activity.)

Equipment And Property Data – To include quantity and cost of losses of NASA property or facilities (including repair) for year to date. Attach additional sheets if necessary.

Required Safety, Health And Environmental (She) Training – The required SHE training for each employee is identified by completing the “SHE Training Assessment” located on the Supervisor Safety Web Page (SSWP). Employees are up-to-date if they have completed all SHE training identified at the required frequency.

Attach additional sheets if necessary.

**For all questions, please refer to OSHA record-keeping guidelines for further guidance, or contact:
MSFC Safety and Mission Assurance Office (544-0046)**